

ZILKA KOTAB

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FAX COVER SHEET

Date: November 4, 2004	Phone Number	Fax Number
To: Examiner Almis R. Jankus	(703) 872-9306	
From: Kevin J. Zilka		

Docket No.: NVIDP030A/P00915

App. No: 10/676,788

Total Number of Pages Being Transmitted, Including Cover Sheet: 18

Message:

Please deliver to Examiner Jankus.

Thank you,

Kevin J. Zilka

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

November 3, 2004

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NOV 04 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE.

In re the application of:

Donovan et al.

Serial No.: 10/676,788

Filed: 09/30/03

For: SYSTEM, METHOD AND
ARTICLE OF MANUFACTURE
FOR SHADOW MAPPING

Docket: NVIDP030A/P000915

Art Unit: 2671

Examiner: Jankus, Almis R.

Date: November 4, 2004

COPY

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents at facsimile number (703) 872-9306 on November 4, 2004.

Signed:

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment and terminal disclaimer in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	31	20	11	X09 = \$	OR	X18 = \$198
INDEP CLAIMS	06	03	03	X44 = \$	OR	X88 = \$264
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$0		\$0
TOTAL				\$		\$462.00



Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.



Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.



If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NVIDP030A). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka-Kotab, PCKevin J. Zilka
Registration No. 41,429P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

NOV 04 2004

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Telephone: (408) 971-2573

(Revised 1/96)

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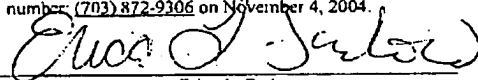
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<u>FOR SHADOW MAPPING</u>)	

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Signed:



Erica L. Farlow

AMENDMENT A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed 10/21/04, please enter the following regarding the above application.

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